

(CAN-37)

State Form 47417 (R6/12-05)
Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecance County boards of elections and registration no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature.

STATE OF INDIANA

1/0	COUNTY OF HANCOCK	
I	GENERAL INFORMATION	· · · · · · · · · · · · · · · · · · ·
Of the City or Town of Charles   County of   Consent of the party with which I am affiliated (check one)   Democratic Party or the   Prepared to the office of   Precinct Committeeman OR   State Convention Delegate (deak on name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006. (3) I comply with all requirements under the taws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  RESIDENCY INFORMATION  (4) My complete residence address is.  RESIDENCY INFORMATION  (5) My mailting address as is if different from residence address):  SAMS  Mailling Address (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  I request that my name appear on the primary election ballot in the following manner:  Candidate (Write 'SAME' it both addresses are identical or leave blains)  CERTIFICATION  I the undersigned, cools that the interfination in the Deplace and (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Day)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)	LARR C. GOSSOT	
Of the City or Town of Charles   County of   Consent of the party with which I am affiliated (check one)   Democratic Party or the   Prepared to the office of   Precinct Committeeman OR   State Convention Delegate (deak on name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006. (3) I comply with all requirements under the taws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  RESIDENCY INFORMATION  (4) My complete residence address is.  RESIDENCY INFORMATION  (5) My mailting address as is if different from residence address):  SAMS  Mailling Address (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  I request that my name appear on the primary election ballot in the following manner:  Candidate (Write 'SAME' it both addresses are identical or leave blains)  CERTIFICATION  I the undersigned, cools that the interfination in the Deplace and (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Day)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)	Name of Candidate	the undersigned, certify the following
Of the City or Town of Charles   County of   Consent of the party with which I am affiliated (check one)   Democratic Party or the   Prepared to the office of   Precinct Committeeman OR   State Convention Delegate (deak on name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006. (3) I comply with all requirements under the taws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  RESIDENCY INFORMATION  (4) My complete residence address is.  RESIDENCY INFORMATION  (5) My mailting address as is if different from residence address):  SAMS  Mailling Address (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  Candidate (Write 'SAME' it both addresses are identical or leave blains)  I request that my name appear on the primary election ballot in the following manner:  Candidate (Write 'SAME' it both addresses are identical or leave blains)  CERTIFICATION  I the undersigned, cools that the interfination in the Deplace and (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Cevering)  Telephone (Evering)  SS:  Date signed (MMDD/YY)  Telephone (Day)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)  Telephone (Evering)	( )	0 -0
(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one)  Democratic Party or the IR Republican Party for the office of Precinct Committeeman OR IS State Convention Delegate (check one) District mane or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006.  (3) I comply with all requirements under the taws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  (4) My complete residence address is:    3 4 7	of the Township of	LENTER
(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one)  Democratic Party or the IR Republican Party for the office of Precinct Committeeman OR IS State Convention Delegate (check one) District mane or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006.  (3) I comply with all requirements under the taws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  (4) My complete residence address is:    3 4 7	(or of Ward of the City or Town of FIELD), Cou	unity of MANCOCK State of Indiana
District	(2) I request that my name he placed on the official primary hallet of the party.	
Candidate residence address is:  (A) My complete residence address is:  (B) My mailing address is (if different from residence address):  Candidate so (if wine "SAME" if both addresses are identical or leave blank)  Candidate so (if wine "SAME" if both addresses are identical or leave blank)  Candidate so (if include any Nickname and/or Suffix Jr. St. II III IV)  Certification  (Include any Nickname and/or Suffix Jr. St. II III IV)  Certification  Cert	Democratic Party with IZP Republican Body for the 45 of Care Party with With	nich I am affiliated (check one)
name or number, or if numing at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006.  (3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  RESIDENCY INFORMATION  (4) My complete residence address is:    347	Precinct Committ	eeman OR 🗗 State Convention Delegate (check one
(3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.  RESIDENCY INFORMATION  (4) My complete residence address is:    3 4 7		ame or number OR the state convention delegate district
(4) My complete residence address is:    3 4 7	(3) ( assessment the provided on at the provided on	rimary election to be held on May 2, 2006.
(4) My complete residence address is:    347	(3) I comply with all requirements under the laws of the State of Indiana and any candidate for this office.	didate requirements set by my party's rules to be a
(4) My complete residence address is:    347		
Complete Residence Address Must Be Inserted  City  City  Indiana  White Code  (5) My mailing address is (if different from residence address):  SAMJ  Mailing Address (Winte SAME If both addresses are identical or leave blank)  City  CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARR  (Include any Nickname and/or Suffix Jr. St. II III IV)  CERTIFICATION  It the undersigned, certify that the intermal in this Declaration of Candidacy is (nue and complete, and that I meet the specific requirements of this office.  Significant  Date signed (MM/DOYY)  Telephone (Day)  Telephone (Evening)  Telephone (Evening)  SSC  Libscribed and sworn to before the this SAT day of Jebu Complete or Other Official Administering Oath  Commission expires (applies only to Noteny Public): 12-31-07	I (4) MI/ complete cocidence address:	
(5) My mailing address is (if different from residence address):  SAMS  Mailing Address (Winte SAME it both addresses are identical or leave blank)  City  CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARRY  (include any Nickname and/or Sulffix Jr. Sr. II III IV)  CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is flue and complete, and that I meet the specific requirements of this office.  Signature  Date signed (IMM/DD/YY)  Telephone (Day)  Telephone (Evening)  DUNTY OF  ADALOCA  SEAL  Otary Public or Other Official Administening Oath  y Commission expires (applies only to Notery Public): 12-31-07	1347 Paus Don	- Λ ///i//-
(5) My mailing address is (if different from residence address):  SAMS  Mailing Address (Winte SAME it both addresses are identical or leave blank)  City  CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARRY  (include any Nickname and/or Sulffix Jr. Sr. II III IV)  CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is flue and complete, and that I meet the specific requirements of this office.  Signature  Date signed (IMM/DD/YY)  Telephone (Day)  Telephone (Evening)  DUNTY OF  ADALOCA  SEAL  Otary Public or Other Official Administening Oath  y Commission expires (applies only to Notery Public): 12-31-07	Complete Residence Address Must Re inserted	16LU, Indiana 46/90
Mailing Address (Winte SAME It both addresses are identical or leave blank)  CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARR  (Include any Nickname and/or Suffix Jr. Sr. II III IV)  CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is flue and complete, and that I meet the specific requirements of this office.  ALL S, OB  Signature  Date signed (IMM/DDYY)  Talephone (Day)  Telephone (Evening)  DUNTY OF  ALL Administering Oath  Diany Public or Other Official Administering Oath  Otary Public or Other Official Administering Oath  Commission expires (applies only to Notary Public): 12-31-07		ZIP Code
CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARR  (Include any Nickname and/or Suffix, Jr. Sr. II III IV)  CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.  ARR  CERTIFICATION  CERTIFICATION  Tolephone (Day)  Telephone (Evening)  TATE OF  Library  Date signed (MINDOYY)  SS:  Dissorthed agd sworn to before the this St.		
CANDIDATE NAME INFORMATION  I request that my name appear on the primary election ballot in the following manner:  ARR C. Gosson Tinckude any Nickname analor Sulfix. Jr. Sr. II III IV)  CERTIFICATION  I, the undersigned, certify that the information in his Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.  ALLY Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)  TATE OF Sold Sulfaction of Science (Evening)  SS:  DUNTY OF ALLY Administering Oath  Applies only to Notary Public: 12-31-07  Commission expires (applies only to Notary Public): 12-31-07		Indiana
Trace of Land Signature Date signed (MMDDDYY)  Talephone (Day)  Talephone (Day)  Talephone (Day)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)	Mailing Address (White "SAME" if both addresses are identical or leave blank)  City	ZIP Code
Trace of Land Signature Date signed (MMDDDYY)  Talephone (Day)  Talephone (Day)  Talephone (Day)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)		
Trace of Land Signature Date signed (MMDDDYY)  Talephone (Day)  Talephone (Day)  Talephone (Day)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)  Total Date signed (MMDDDYY)  Total Date signed (MMDDYY)	CANDIDATE NAME INFORMATIO	N
CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.  Signature  Date signed (MM/DDYY)  Talephone (Day)  Talephone (Evening)  Discribed and sworn to before the this State  Discribed and sworn to before the this State  Other Official Administering Oath  Commission expires (applies only to Notary Public): 12-31-07		
CERTIFICATION  I, the undersigned, ceptly that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.	the primary election ballot in the following manner:	
CERTIFICATION  I, the undersigned, ceptly that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.	LARKY C. GOSSETT	
Signature  Date signed (MM/DD/YY)  Telephone (Day)  Telephone (Evening)  Signature  Date signed (MM/DD/YY)  Signature  Date signed (MM/DD/YY)  Telephone (Day)  Telephone (Evening)  SS:  DUNTY OF  Diary Public or Other Official Administering Oath  Commission expires (applies only to Notary Public): 12-31-07	(Include any Nickname and/or Suffix, Jr. Sr. II III IV)	
Signature  Date signed (MM/DD/YY)  Telephone (Day)  Telephone (Evening)  Signature  Date signed (MM/DD/YY)  Signature  Date signed (MM/DD/YY)  Telephone (Day)  Telephone (Evening)  SS:  DUNTY OF  Diary Public or Other Official Administering Oath  Commission expires (applies only to Notary Public): 12-31-07	1 CERTIFICATION	·
Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)  TATE OF Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)  SS:  DUNTY OF SCHOOL SS:  Diany Public or Other Official Administering Oath  Commission expires (applies only to Notary Public): 12-31-07	i, the undersigned, ceptify that the information in this Declaration of Candidacy is true and complete, and i	that I meet the specific requirements of this office.
DUNTY OF SOUND SS:  DUNTY OF SOUND SS:  Disposition of the state of th		,477-1139, 317, 4/1-986
DUNTY OF SOUND SS:  DUNTY OF SOUND SS:  Disposition of the state of th	Signature Date signed (MM/DD/YY) Telephone (	Day) Telephone (Evening)
DUNTY OF		<u> </u>
olary Public or Other Official Administering Oath  y Commission expires (applies only to Notary Public): 12-31-07	OUNTY OF HONEOCK SS:	
olary Public or Other Official Administering Oath  y Commission expires (applies only to Notary Public): 12-31-07	ubscribed and swarn to before the 15 th day of 1	
y Commission expires (applies only to Notary Public): 12-31-07	Linida III	, 2006.
y Commission expires (applies only to Notary Public): 12-31-07	otary Public or Other Official Administering Oath	SEAL
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(CAN-37)

State Form 47417 (R6/12-05) Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Farty candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecanoe County boards of elections and registration no later than noon, Fabruary 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature. STATE OF INDIANA

COUNTY OF Han Code
GENERAL INFORMATION
I, Wong we R. Simunek the undersigned, certify the following:
(1) I am a registered voter of Precinct #3 of the Township of Buck Creek
(or of Ward of the City or Town of), County of Han Cock State of Indiana.
(2) I request that my name be placed on the official primary ballot of the party with which I am affillated (check one)
☐ Democratic Party or the ☐ Republican Party for the office of ☐ Precinct Committeeman OR ☐ State Convention Delegate (check one)
District
name of number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006.
(3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.
DECIDENCY (MEODIA TION
RESIDENCY INFORMATION  (4) My complete residence address is:
LOTO HICKOVY COUVE Greenfield, Indiana 40140  Complete Residence Address Must Be Inserted  City  TIP Code
(5) My mailing address is (if different from residence address):
(a) the state of t
Malling Address (Write "SAME" If both addresses are identical or leave blank)  City  ZIP Code
Mailing Address (Write "SAME" If both addresses are identical or leave blank)  City  ZIP Code
CANDIDATE NAME INFORMATION
I request that my name appear on the primary election ballot in the following manner:
Micki Simunek
(Include any Nickname and/or Suffix, Jr. Sr. II III IV)
CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.
$\frac{1}{2}$
Signature Date signed (MMDDYY) Telephone (Day) Telephone (Evening)
STATE OF QUALANA )
COUNTY OF ALCOCAL SS.
Subscribed and the second seco
subscribed and sworn to before me this /// day of /// 2006.
Notary Public or Other Official Administering Oath SEAL
My Commission expires (applies only to Notary Public):
County of Residence: SUM CACK.



(CAN-37)

State Form 47417 (R8/12-05) Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecanoe County boards of elections and registration no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature. STATE OF INDIANA

COUNTY OF Hancock
GENERAL INFORMATION
Share // Cl. who )
1, 5 haran K. 5 ham baugh Name of Candidate  the undersigned, certify the following:
Name of Candidates
(1) I am a registered voter of Precinct of the Township of center
(1) I am a registered voter of Precinct of the Township of center (or of Ward of the City or Town of center). County of Hareack, State of Indiana.
(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one)
☐ Democratic Party or the MR Republican Party for the office of ☐ Precinct Committeeman OR 🖄 State Convention Delegate (check one)
I at a target and the second and the
District (insert the precinct name or number OR the state convention delegate district name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006.
(3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.
RESIDENCY INFORMATION  (4) My complete residence address is:
_
Complete Residence Address Must Be Inserted Green Field Indiana 46140
(5) My mailing address is (if different from residence address):
Mailing Address Mark "SAMS" Aboth address in the Mark and a same a
Mailing Address (Winte "SAME" if both addresses are identical or leave blank)  City  ZIP Code
CANDIDATE NAME INFORMATION
I request that my name appear on the primary election ballot in the following manner:
c   c   c   c   c   c   c   c   c   c
Sharon K Shambaugh
(Include any Nickname and/or/Suffix, Jr., Sr. II III IV)
CERTIFICATION
I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.
Staron I Shambainet 02,116,106 (312 4/62-5134, 312, 41,25134
Signature Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)
STATE OF Marana
COUNTY OF HAMCOCKE SS.
11-th
Subscribed and sworn to before me this
Mila Ja Frass
Notary Public or Other Official Administering Oath SEAL
My Commission expires (applies only to Notary Public): 12-31-07
County of Residence:



(CAN-37)

State Form 47417 (R8/12-05)

Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filled with the county election board or Lake or Tippecance County boards of elections and registration no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature.

STATE OF INDIANA

COUNTY OF / faces de
GENERAL INFORMATION
I,
(1) I am a registered voter of Precinct of the Township of / take of Indiana.  (or of Ward S < s of the City or Town of County of County of County of State of Indiana.
(2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one)  Democratic Party or the Republican Party for the office of Precinct Committeeman OR State Convention Delegate (check one)  District (Insent the precinct name or number OR the state convention delegate district name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2005.  (3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office.
RESIDENCY INFORMATION
(4) My complete residence address is:  4258 W Billman Ln Tew Palk Short, Indiana 46/63  Complete Residence Address Must Be Inserted City Indiana 210 Code  (5) My mailing address is (if different from residence address):
Mailing Address (Write "SAME" if both addresses are identical or leave blank) City ZIP Code
CANDIDATE NAME INFORMATION
I request that my name appear on the primary election ballot in the following manner:  C.D. Montgomers  (Include any Nickname and/of Suffix, Jr. Sr. II III IV)
CERTIFICATION  I, the undersigned, certify that the information in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office.  Company of the complete of this office.
Signature () Date signed (MM/DD/YY) Telephone (Day) Telephone (Evening)
county of Sancock ) ss:
Subscribed and swom to before me this 19 day of granuary, 2006.  Notary Public or Other Official Administering Oath  My Commission expires (applies only to Notary Public): 12-31-06  County of Partidones: Del Me Off Rel



(CAN-37)

State Form 47417 (R6/12-Q5) Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Practice Committeeman and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecance County boards of elections and registration no later than noon, February 17, 2005 and no earlier than January 18, 2006. Please print or type all information on this form except for signature.

STATE OF INDIANA

COUNTY OF Hancock	
GENERAL	INFORMATION
1, Susan Shambaugh	the undersigned, certify the following:
I Name of Candidate	
(1) I am a registered voter of Precinct	of the Township of <u>Center</u>
(or of Ward of the City or Town of GREDE)c	of the Township of <u>Center</u> (L), County of <u>Hancock</u> , State of Indiana.
(2) I request that my name be placed on the official primary ballot (	of the party with which I am affiliated (check one)
☐ Democratic Party or the 🛛 Republican Party for the office of ☐	Precinct Committeeman OR 🖾 State Convention Delegate (chack one)
District	(insert the precinct name or number OR the state convention delegate district
name or number, or if running at large as delegate, the county name) to be	
(3) I comply with all requirements under the laws of the State of Incandidate for this office.	diana and any candidate requirements set by my party's rules to be a
RESIDENCY	INFORMATION
(4) My complete residence address is:	IN CHINATION
584 Fallon Lane Complete Residence Address Must Be Inserted	Greenfield Indiana 410140
Complete Residence Address Must Be Inserted	City , Indiana 46140
(5) My mailing address is (if different from residence address):	
SAME_	, Indiana
Mailing Address (Write "SAME" if both addresses are identical or leave blank)	City ZiP Code
	<u> </u>
CANDIDATE NA	ME INFORMATION
I request that my name appear on the primary election ballot in the	•
	TOTOWING Mariner
Susan Shambaugh (Include any Nickname and/or Sul	Mu Jr Sc II (II IV)
CERTII I, the undersigned, certify that the information in this Declaration of Candidacy is t	FICATION
1 mm	
Signature Date signed (MM/DD	(3/7 ) 467-0534 (3/7 ) 467-0534 (2/7 ) Telephone (Day) Telephone (Evening)
STATE OF Indian	- Copins of Committee
COUNTY OF Warne SS:	•
Subscribed and sworn to before me this 13th day of 12by	2008.
Wark E. Mark	( SEAL )
Notary Public or Other Official Administering Oath	
My Commission expires (applies only to Nolary Public)	1 2007
County of Residence: Waynes	
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(CAN-37)

State Form 47417 (R6/12-05)

Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeeman and State Convention Delegate, A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecanoe County boards of elections and registration no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature. STATE OF INDIANA

CENEDAL II	NFORMATION	· · · · · · · · · · · · · · · · · · ·
I. William H. Wolf  Name of Candidate	NFORMATION	
1. No 1/1, 2m /1, WUZ		the undersigned, certify the following:
Name or Candidate		-
(1) I am a registered voter of Precinct of	the Township of	
(1) I am a registered voter of Precinct of (or of Ward of the City or Town of fe	[6), County of	/+ 1 rcer , State of Indiana.
(2) I request that my name be placed on the official primary ballot of	f the party with which I am affili	isted (check one)
Democratic Party or the Republican Party for the office of	Precinct Committeeman OR &	TState Convention Delegate (-t
District(in	need the preparet name or number	COR About 444
name or number, or if running at large as delegate, the county name) to be	voted on at the primary election	on to be held on May 2 2006
(3) I comply with all requirements under the laws of the State of India	ana and any candidate require	ments set by my party's rules to be a
candidate for this office.	,	——————————————————————————————————————
RESIDENCY	NFORMATION	· · · · · · · · · · · · · · · · · · ·
(4) My complete residence address is:		
2-7 W MC Kenzie Aust Complete Residence Address Must Be Inserted	Greenfield	Indiana \$6140.
Complete Residence Address Must Be Inserted	City	ZIP Code
(5) My mailing address is (if different from residence address):		
	•	
Mailing Address (Write "SAME" if both addresses are identical or leave blank)	City	, Indiana ZIP Code
·		
GANDIDATE		· · · · · · · · · · · · · · · · · · ·
CANDIDATE NAM		
I request that my name appear on the primary election ballot in the fo		
William It Wolf F		
(include any Nickname and/or Suffix.	. Jr. Sr. 11 111 (V)	
CERTIFIC	CATION	
I, the undersigned, certify that the information in this Declaration of Candidacy is true	e and complete, and that I meet the s	specific requirements of this office.
Inlin 1 Well 2/16/06	( 717 ) 462-5	126
Tillin W Welf 2 1 16 1 0 6  Signature Date signed (MM/DD/Y	Y) Telephone (Day)	Telephone (Evening)
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OUNTY OF HANCOCK SS	_	
ubscribed and sworn to before me this had day of	for and	
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otary Public or Other Official Administering Oath		. ( SEAL )
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y Commission expires (applies only to Notary Public): / 2 -	31-07	

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(CAN-37)

State Form 47417 (R6/12-05)

Indiana Election Commission (IC 3-8-1-32; IC 3-8-2-7)

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INSTRUCTIONS: This form is used by Democratic and Republican Party candidates for Precinct Committeernan and State Convention Delegate. A declaration of candidacy for election as a precinct committeeman or state convention delegate must be filed with the county election board or Lake or Tippecanoe County boards of elections and registration no later than noon, February 17, 2006 and no earlier than January 18, 2006. Please print or type all information on this form except for signature.

STATE OF INDIANA

COUNTY OF GENERAL INFORMATION the undersigned, certify the following: (1) I am a registered voter of Precinct (or of Ward of the City or Town of GOPENTIEN ), County of (2) I request that my name be placed on the official primary ballot of the party with which I am affiliated (check one) Democratic Party or the 📈 Republican Party-for the office of 🔲 Precinct Committeeman OR State Convention Delegate (check one) (insert the precinct name or number OR the state convention delegate district name or number, or if running at large as delegate, the county name) to be voted on at the primary election to be held on May 2, 2006. (3) I comply with all requirements under the laws of the State of Indiana and any candidate requirements set by my party's rules to be a candidate for this office. RESIDENCY INFORMATION (4) My complete residence address is: ompiele Residence Address Must (5) My mailing address is (if different from residence address): Indiana Mailing Address (Write 'SAME" if both addresses are identical or leave blank) ZIP Code CANDIDATE NAME INFORMATION I request that my name appear on the primary election ballot in the following manner: CERTIFICATION in this Declaration of Candidacy is true and complete, and that I meet the specific requirements of this office Signature Date signed (MM/DD/YY) Subscribed and sworn to before me this ale day of SEAL Notary Public or Other Official Administering Oath My Commission expires (applies only to Notary Public): 12-31-06 County of Residence: